

CEMETERY AND FUNERAL BUREAU

400 R STREET, SUITE 3080

SACRAMENTO, CA 95814

(916) 322-7737 FAX (916) 323-1890

SUBJECT MATTER EXPERT APPLICATION

Submit this application with your current resume to the Cemetery and Funeral Bureau at the above address.

Completion and submittal of this form does not commit you to examination development workshops, nor does it guarantee that you will be selected. Ten to twelve licensees will be selected from the entire pool of interested individuals for each workshop.

PLEASE PRINT OR TYPE

First Name		Middle Initial		Last Name	
Street Address			City	State	Zip Code
Home Telephone Number ()		Business or Alternate Telephone Number ()		FAX Number ()	
License Type (check all that apply)		License Number		Expiration Date	
<input type="checkbox"/> Funeral Director		_____		_____	
<input type="checkbox"/> Embalmer		_____		_____	
<input type="checkbox"/> Cemetery Manager		_____		_____	
<input type="checkbox"/> Cemetery Broker		_____		_____	
<input type="checkbox"/> Crematory Manager		_____		_____	
For each license type checked above, how many years of experience do you have?					
Please indicate your main duties (for example: embalming, preneed sales, cemetery sales, crematory operator, etc.).					
What days are you available to participate in a workshop?					
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday					

I declare under penalty of perjury that all information provided on this application is true and correct. I understand that if I am selected to participate in examination development workshops, I am required to comply with the terms of the security/confidentiality agreement.

Signature

Date